



Application for Appointment

Confidential

Position applied for:

Before and After School Care TEAM LEADER 2025 - Permanent / Part Time

Personal Details

Title: _____

Name: _____

Are you known by any other name(s?) (if yes please provide below)

Maiden Name (if applicable): _____

Address: _____

Email: _____

Phone (Home): _____ (Work) _____

(Mobile): _____

Personal Information

Proof of Identity and Right to Work Check

Short listed applicants being interviewed will need to provide originals of two types of identification (one photo ID e.g. passport, New Zealand driver licence and the other a record ID e.g. birth certificate, bank statement, a bill).

Immigration Information:

	Yes	No
Are you a New Zealand citizen?	<input type="checkbox"/>	<input type="checkbox"/>
If not, do you have resident status, or	<input type="checkbox"/>	<input type="checkbox"/>

A current work permit	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Drivers Licence:		
Do you have a current New Zealand driver's licence?	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Registration: n/a		
Registration Number: _____		
Practising Certificate Expiry Date: _____		
Health:		
Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this position may aggravate or contribute to?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please detail:</i>		

Convictions:		
	Yes	No
Have you ever received a police diversion for an offence?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please detail:</i>		

Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please detail:</i>		

	Yes	No
Are you awaiting sentencing or have charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please detail:</i>		

In addition to other information provided, are there any factors that we should know to assess your suitability for appointment and your ability to do the job?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please detail:</i>		

Have you ever been the subject of any concerns involving student safety?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please detail:</i>		

Qualifications	Date Awarded:
_____	_____
_____	_____
_____	_____

Positions Held / Experience (commence with current position)			
School / Institution	Position / Class	Period Employed	Reason for Leaving

Referees				
Name	Contact Details (organisation and address)	Phone	Email	Relationship

Authority to approach other referees

	Yes	No
I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	<input type="checkbox"/>	<input type="checkbox"/>
I authorise the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational organisation, including information Regarding matters under investigation, to gather information related to my suitability for appointment to the position.	<input type="checkbox"/>	<input type="checkbox"/>

Important Notes for Applicants

Thank you for applying for a position with our school. Please ensure you have a copy of the position description and person specification before completing this application.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
3. Copies only of qualifications should be attached. If successful in your application you will be required to provide originals as proof of qualifications.
4. If you are selected for an interview you may bring whānau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
6. All applicants will be asked to give consent to a police vet. It is a requirement in the Education Sector for all employees to be vetted.
7. a) In terms of a Criminal Conviction, the Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed providing:
 - You have not committed any offence within 7 (consecutive) years of being sentenced for the offence and
 - You did not serve a custodial sentence at any time (this would exclude serious offences such as murder, manslaughter, rape and causing serious bodily harm) and
 - The offence was not a specified offence (specified offenses are in the main sexual in nature) and
 - You have paid any fines or costs

Custodial sentences include a sentence of preventative detention and corrective training. Non-custodial sentences include fines, reparation costs, community-based sentences and suspended sentences. Please note that you are not obliged to disclose convictions if you are an eligible individual but can do so if you wish. If you are uncertain as to whether you are eligible, contact the Ministry of Justice.

b) Under the *Vulnerable Children Act 2014*, core workers in schools will not be covered by the Clean Slate. All serious sexual or violent offences against children will be included in their police vetting results. The Act will make it unlawful to employ people with convictions for these offenses, unless they have an exemption.

This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the school.

Certification and Agreement

- | | Yes | No |
|--|--------------------------|--------------------------|
| ● I agree to the Tamahere Model Country School Board of Trustees or its agents contracting and past employers and/or professional colleagues or any other person deemed appropriate in addition to the named referees in order to establish my stability for the position. | <input type="checkbox"/> | <input type="checkbox"/> |
| ● I agree to the Tamahere Model Country School Board of Trustees obtaining any information held on me by the New Zealand Teacher's Council, the Ministry of Education, School Trustees Association, NZEI, tertiary institutions and other relevant authorities to verify the above information and my employment status. | <input type="checkbox"/> | <input type="checkbox"/> |
| ● I understand that if any false or misleading information is given, or any relevant material is suppressed, I will not be employed, or if I am employed, my employment will be terminated by the Board of Trustees. | <input type="checkbox"/> | <input type="checkbox"/> |
| ● I understand that any false information given for my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. | <input type="checkbox"/> | <input type="checkbox"/> |
| ● The information I have supplied is true and correct. | <input type="checkbox"/> | <input type="checkbox"/> |
| ● I confirm in terms of the Privacy Act 1993 that I have authorised access to referees. | <input type="checkbox"/> | <input type="checkbox"/> |
| ● I know of no reason why I would not be suitable to work with children / young people. | <input type="checkbox"/> | <input type="checkbox"/> |

Immunisation Status

- | | Yes | No |
|--|--------------------------|--------------------------|
| I have been vaccinated (or can supply proof of immunity) against MMR (Measles/Mumps/Rubella) and will provide an Immunisation Certificate if I am successfully appointed to a position at Tamahere Model Country School. | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Signature: _____ **Date:** _____

If completing this electronically, a hard copy (signed) must be provided.

Office Use Only:

Date Application received _____